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IMPORTANT NOTICE
TELECOPY/FACSIMILE COVER LETTERTO: U.S. Patent and Trademark Office
Examiner: Brian R. Gordon
Art Unit: 1743DATE: March 16, 2004FROM: Barry M. Shuman

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 19

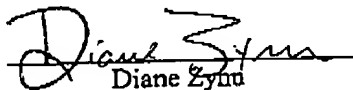
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MESSAGE:**RE: U.S. Patent Application Serial No.: 09/848,450; Attorney Ref: 81841.0139**

I hereby certify that the following documents:

- Amendment
- Amendment Transmittal Letter

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

March 16, 2004
Date of Deposit
Diane ZynnTELECOPY/FAX NUMBER: 703-872-9306 - Art Unit 1743CLIENT NUMBER: 81841.0139ATTORNEY BILLING NUMBER: 6085CONFIRMATION NUMBER: (703) 305-0399 (please return fax to Diane Zynn)

FORM PTO-1083

Application No. 09/848,450
Attorney Docket No. 1999-118 (81841.0139)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Dang M. Ngo, et al.

Serial No: 09/848,450

Filed: May 03, 2001

For: SAMPLE PRESENTATION UNIT

Art Unit: 1743

Examiner: Brian R. Gordon

I hereby certify that this correspondence is being transmitted via facsimile to (703) 872-9306: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 on March 16, 2004 Date of Deposit Diane Zynn Name *Diane Zynn* 03/16/04 Signature Date

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment for above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	47	-	47	0	LG=\$18 SM=\$9	\$ 0
INDEPENDENT CLAIMS FEE	3	-	3	0	LG=\$84 SM=\$42	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

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☐ A check in the amount of \$__ to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.

☐ A check in the amount of \$__ to cover the extension fee is enclosed. A copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By: *Barry M. Shuman*
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Registration No. 50,220

Date: March 16, 2004

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